



THE COMMONWEALTH OF MASSACHUSETTS
CIVIL SERVICE COMMISSION
ONE ASHBURTON PLACE, ROOM 503
BOSTON, MA 02108
TELEPHONE: 617-727-2293
FACSIMILE: 617-727-7590
www.mass.gov/csc

APPEARANCE FORM

Case No: _____

Appellant

Appointing Authority

In the above-captioned proceeding, I appear for and on behalf of the _____ in filing this appearance. I recognize that I will receive all official communication from the Civil Service Commission concerning this case and that I will be responsible for informing all other persons whom I represent of the contents of these communications.

Signature **Date:** _____

Name

Agency, Department, or Law Firm Name
(If Applicable)

Street Address

City, State, Zip Code

Email Address

Telephone Number

Fax Number